

STATEMENT OF ECONOMIC INTERESTS

Date Received

FAIR POLITICAL PRACT	CES COMMISSION	COVER PAGE	TUMAN RESOL
lease type or print in	ink.		2011
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NAME OF FILER	NODA	AUDE	res-	PM 1
1. Office, Agency,	or Court		U	
Agency Name CASTATE Division, Board, Depart	CONTROLLENS CAPO (artment, District, if applicable	e Deputy	Chur OF SAP Your Position	F
	positions, list below or on an attachn	nent.	Position: Atternate Pe	brd mamber
State Multi-County	Office (Check at least one box)		Judge (Statewide Jurisdiction) County of Other	
Annual: The pe 2010o The period co 2010.	nent (Check at least one box) riod covered is January 1, 2010, through		leaving office.	uary 1, 2010, through the date of
	e: Date/Of	fice sought, if different th	of leaving office.	
Schedule A-2 - //	hedules or "None." nivestments – schedule attached nivestments – schedule attached al Property – schedule attached	Sch	nedule D - Income - Gifts - sche nedule E - Income - Gifts - Trav	siness Positions - schedule attached
5. Verification				
MAILING ADDRESS (Business or Agency Address 117 5 1 DAYTIME TELEPHONE NU	STREET is Recommended - Public Document) FIGURY OR GT, SWITTE	00-	STATE F CA 90017 ADDRESS - 0 500. CA. 8	ZIP CODE
herein and in any atta	able diligence in preparing this statement ched schedules is true and complete. By of perjury under the laws of the S	I acknowledge this is a	public document.	
Date Signed 3/2	(month, day, year)	Signature		

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

	ORNIA FORM 70	0
Name	ben Noda	

▶ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Namponiano Vote green	n en
Name 5 5. Flower Ot, Sinte 4210 las/rylls	Name
Address (Business Address Acceptable) CA 9001	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000	S2,000 - \$10,000 / /10 / /10
\$10,001 - \$100,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Sole Proprietorship Partnership
Sole Proprietorship Partnership Other VOUR BUSINESS POSITION NONE SDONE BUSINESS	Other
YOUR BUSINESS POSITION TOUNE OUT TO PARTY OF THE PARTY OF	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
	S0 - \$499 S10,001 - \$100,000
S0 - \$499 S10,001 - \$100,000 S500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
S1,001 - \$10,000	\$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach to separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
INCOME OF \$ 10,000 OX INCICE patients argument a mass of masses and and a second system.	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box;
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Street Address or Assessor's Parcel Number of Real Property	Street Address of Assessor's Parcel Number of Real Property
Description of Business Activity or	Description of Business Activity or .
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 \$100,000 1 110 / 110	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
	FPPC Toll-Free neiphile: 000/2/3-3/12 www.hpc.ca.gov

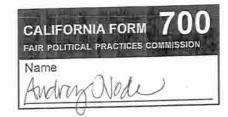
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Andren Oloda

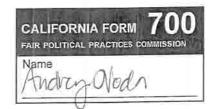
1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SCOTT STONKING PIEST NO RECAIL FINENDS OF	DAKOTA COMMUNICATURNS
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) 2905 Eventand Ape, State 210
555 S Flower St, Suite 4210	
BUSINESS ACTIVITY, IF ANY, OF SOURCE (155 Angles) (a	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign committee 90011	YOUR BUSINESS POSITION
YOUR BUSINESS POSITION	NONE POUNCE FOURINESS PAIN AME
None Sponse's Business Paul Arner	1 Convention
GROSS INCOME RECEIVED CONSULTING	GROSS INCOME RECEIVED
\$1,001 - \$100,000 S1,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
S10,001 - \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income	
Loan repayment Partnership	Loan repayment Partnership
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	
Other	Other (Describe)
(Describe)	
≥ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	
	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	in the lender's regular course of business of terms
available to members of the public without regard to y	our official status. Personal loans and loans received
not in a lender's regular course of business must be o	disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
THE STATE OF THE S	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property Street address
HIGHEST BALANCE DURING REPORTING PERIOD	20.66f and.e22
\$500 - \$1,000	City
S1,001 - \$10.000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE D Income – Gifts



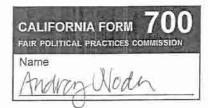
THE PROPERTY OF THE PROPERTY O	NAME OF SOURCE
NAME OF SOURCE	papanese forencer Par Asson
IA Co. Federation of Jabor	Annotes (Rusiness Address Acceptable)
ADDRESS (Business Address Acceptable) 2130 JUNEON. WOODO BIVA, LA CA 90006	p.O. Bux 86812 1A-Ch 90086
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
MOOV	BOW ASSON
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	2-19,10 11000 Installatury Dinne
1,15,10 7000 MLK forealcfast	
\$	
NAME OF SOURCE	NAME OF SOURCE
Neighborwood Hoss Suncer of Overly Co.	Valley Industry 4 Commerce Asson.
ADDRESS (Business Address, Acceptable)	ADDRESS (Business Address Acceptable) 5/21 Van Numo Bwd. #1003 Shevman Dales
	BUSINESS ACTIVITY, IEANY, OF SOURCE CA. GIAKS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Nonpropif Stoward	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE U DESCRIPTION OF GIFT(S)	220,10 4500 Enteroppice Horders
2,25,10 sloves Awards Dinner	San
	, , , , , , , , , , , , , , , , , , ,
\$	
NAME OF SOURCE	NAME OF SOURCE
United Nowses feson. Of Ca	Paul Arrien
A James Assertable	ADDRESS (Business Address Acceptable) 556. Star Cak Ave Swith 101 A #468
955 Werland Griff #120 Son Dimaga	BUSINESS ACTIVITY, IF ANY, OF SOURCE WANDOWN, CO. 91107
BUSINESS ACTIVITY, IF ANY, OF SOURCE	CANGE HANT
DATE (mm/dd/w) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
D	1 17 10 12500 An Drimperston
4, 16, 10 37.67 Receptors	Tanker Tille
	William Incomp
	\$
Comments:	

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE	NAME OF SOURCE
Pat Poverin Institute	Leaporthing Foucation for Jenan Pacific
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
15151 State University Dr. 14 C190622	20 K WA St, South 200 VA CA 100/2
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Golian Montate	NON Propit
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
+ ,29,10 ,2500 Awards Dinner	7,22,10 15000 Awards Dunner
NAME OF SOURCE CA DOCKTO DE IVIMICIONAL FIVANCE	NAME OF SOURCE
EN Bay READYN PUBLIC COMMUNICATIONS EXAL	es gravoh lalow Committee pondol
ADDRESS (Business Address Acceptable) AUTOM	ADDRESS (Business Address Acceptable)
4440 W. Horonowing Hamiltonie, Ca 90250	grand W. Ford Street, Suite 2 M Co
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE 100410
(ANGERGIONAL) REGOCULTURE	DATE (mm/dd/w) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	The same of the sa
8,19,10 3500 luncharagram	9,22,15 \$12500 award formal.
▶ NAME OF SOURCE	NAME OF SOURCE
(a goonound terecast	Centerfur Pacific Asian Farmly
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
6409 CalleReal, Suro O goleta, a	543 N Fally ax Ave + 108 LA CU 90036
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Econ Consultingfirm	NON PYOP1+ DATE (mm/dd/vy) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
9,8,10 12500 garealetant	10, 1, 10 \$12500 Feception_
\$	
\$	
Comments:	

SCHEDULE D Income - Gifts



NAME OF SOURCE	NAME OF SOURCE
Bran Business Association, lossingly	40 Kovean Health Goucation Ironoma fur
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) USEAVO (WHITE
	3727 W. Ceth St. Soute 201 LA 7001
FU Jan Follow, onthe Say	1) 1 W. C. OT 1 1001 VI 1001
BUSINESS ACTIVITY, IF ANY, OF SOURCE WAS AUGUSTA	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pausiness organization 990012	Nonproprit
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10,7,10]4500 Awards Jund	10 21 10 \$7800 Awards trinner
Marios INTO	5 10 ///// 7 111111
// \$	
Vic. 1010 His Code Asserting page	LA LIMIT OF COURCE
▶ NAME OF SOURCE	▶ NAME OF SOURCE
·	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	I
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	2 127
177/00/250/2007252	▶ NAME OF SOURCE
▶ NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
1 -	·
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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